

DOKER

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/574151

FILING DATE

APPLICANT(S)

02/06/07

CLAIMS

AS FILED	AFTER		AFTER			
	1 ST AMENDMENT		2 ND AMENDMENT			
	IND.	DEP.	IND.	DEP.		
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TOTAL IND.		2				
TOTAL DEP.	←	18	←	20	↓	
TOTAL CLAIMS						

AS FILED	AFTER		AFTER			
	1 ST AMENDMENT		2 ND AMENDMENT			
	IND.	DEP.	IND.	DEP.		
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100						
TOTAL IND.						
TOTAL DEP.	←		↓		↓	
TOTAL CLAIMS			←	←	←	